

## Property Owner Questionnaire/ Preliminary Statement of Interest

Name:	Telephone:	Day:		
Social Security #:		Evening:		
Name:	Telephone:	Day:		
Social Security #:		Evening:		
Address of Damaged Property:				
Mailing Address:				
If you have already decided that you this box $\square$ and stop here.	do not want to sell your proper	ty and do not intend to change you mind, check		
		P) and would like the City of Franklin to evaluate and provide the information below to the best		
evaluate my property for possible	acquisition through the Haza	and hereby request that the City of Franklin rd Mitigation Grant Program. I understand to select the property to be included in the rty Owner(s)		
Is flooding a repetitive problem?	Yes □ No If yes, how many	times has the property flooded?		
Do tenants live in this property?	Yes □ No If yes, please iden	tify them below.		
Do you (or tenants) still reside at this premises? ☐ Yes ☐ No What da		If no, was flooding the reason for vacating the		
National Flood Insurance Program	(NFIP)			
Flood Insurance Policy #:	5-Digit Company Code:			
Agent's Name:	Telephone:			

Have you made any repairs to the damaged property as a result of flooding? $\square$ Yes $\square$ No If yes, please d any repairs made.	escribe
Have you applied for or received any NFIP settlements for your real property? ☐ Yes ☐ No	
Amount of NFIP settlements applied for or received: \$	

## Other Federal and Non-Federal Assistance

Please indicate any other assistance that you have applied for or received. Where applicable, indicate the amount received. (Check boxes under either "applied" or "received," as appropriate.)

Assistance	Applied	Received	Amount
Disaster Housing Program Grant			\$
State Individual & Family Grant (IFG)			\$
Hazard Minimization Grant			\$
Small Business Administration (SBA) Loan			\$
Other:			\$
Other:			\$

Save all your receipts.

THANK YOU FOR TAKING THE TIME TO PROVIDE THIS INFORMATION